

DROP-OFF EXAM

NEUROLOGICAL/SEIZURES

OWNER _____

PET _____

DATE _____

PROBLEM—DESCRIBE IN DETAIL SEQUENCE OF EVENTS: _____

IS THERE ANY POSSIBILITY OF EXPOSURE TO TOXINS (PESTICIDES/SNAILBAIT/CLEANERS, ETC.) _____

IF SO, WHAT TOXIN? _____ HOW MUCH? _____

WHEN DID THE PROBLEM BEGIN? _____

FREQUENCY OF SEIZURES: _____

HOW LONG DO SEIZURES LAST? _____

HAVE ANY MEDICATIONS BEEN GIVEN? _____ IF SO, WHAT? _____

WHEN WAS IT LAST GIVEN? _____

WHAT RESPONSE HAS YOUR PET HAD TO THE MEDICATION? _____

A COMPLETE BLOOD PROFILE, INCLUDING THYROID HORMONE TESTS, MAY BE NECESSARY TO CONFIRM OR ELIMINATE PROBLEMS THAT CAUSE SEIZURES. A COMPLETE BLOOD PROFILE RUNS \$133.00. FOLLOW-UP BLOODWORK (RECHECK T4, PHENOBARBITAL LEVEL, ETC.) MAY BE NECESSARY TO ADJUST MEDICATION DOSAGES. IF YOU WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS ARE PERFORMED, PLEASE BE AVAILABLE FOR A PHONE CALL, SINCE OUR INABILITY TO REACH YOU MAY DELAY YOUR PET'S TREATMENT. HOWEVER, A SEIZURING ANIMAL IS AN EMERGENCY, AND TREATMENT WILL BE INITIATED IMMEDIATELY WHETHER WE ARE ABLE TO REACH YOU OR NOT.

_____ I AUTHORIZE DIAGNOSTIC TESTS AND TREATMENT TO BE STARTED.

_____ I WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS OR TREATMENT; HOWEVER, I REALIZE THAT TREATMENT WILL BE INITIATED IMMEDIATELY IF MY PET SEIZURES AT THE HOSPITAL.

_____ I AUTHORIZE UP TO \$ _____, BUT ABOVE THAT, I WANT A CALL FIRST.

SIGNATURE _____ PHONE NUMBER TO REACH YOU TODAY _____